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PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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ALE TO ALL			Applic	ation Number	09/840,74	47				
*RANSMITTAL				Date	April 23, 2001					
1 6 2003 ଅନ୍ତି FORM				Named Inventor	Sachs, Howard G.					
(to be usegior all correspondence after initial filing)				Art Unit	2825					
ADEMARK CT	Exami	Examiner Name Brandon Bowers								
	Total Number of Pages in This Submission				021111-0	021111-000100US				
		ENCL	DSURES	(check all that apply)						
See Transmittal Form Assig			ment Pap Application		After Allowance Communication to Group					
Fee Attached	Fee Attached				Appeal Communication to Board of Appeals and Interferences					
Amendment / Rep	ly (12 pgs)	Licens	Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition	า		Proprietary Information					
Affidavits/decl	_	Petition to Convert to a Provisional Application			Status Letter					
Extension of Time	Power of Attorney, Revocation Change of Correspondence Address			Other (please	Enclosure(s) identify below):					
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Certified Copy of Priority Document(s)		Rema	rks	The Commissioner is Deposit Account 20-14		charge any ad	mi .	l fees	to	
Response to Missing Parts/ Incomplete Application				j			CHHOLOGY C		RE	
Response to Missing Parts under 37 CFR 1.52 or 1.53				•	_		(1)	17	RECEIV	
	SIGNA	TURE OF	APPLIC	ANT, ATTORNEY, O	R AGENT		Ħ	200		
Firm	Firm Townsend and Townsend and Crew LLP									
Individual name										
Signature	Signature (Columbia)									
Date	10 JANUARY 2003	3								
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PA 3276361 v1

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<i>F</i> -				Applica	ation Nun	nber	09/64	0,747		
for FY 2003			Filing Date			April 23, 2001				
Patent fees are subject to annual revision.			First Named Inventor Sachs, Howard G.				Ã			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Brandon Bowers			on Bowers	; 'C			
			*****	Group	Art Unit		2825	G.		
TOTAL AMOUNT OF PAYMENT (\$) 55			Attorney Docket No. 021111-000100US				1-000100US	الريقة		
METHOD OF PAYMENT (check all that apply)						FEE CA	ALCULATION (continued)	100		
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Number				1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit Account	Townsend an	d Townsend and Crew	IIP	1053	130	1053	130	Non-English specification		
Name	Townsend and	a rownsena ana orew		1812	2,520	1812	2,520	For filing a request for reexamination		
he Commissioner is authorized to: (check all that apply)			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
Charge fee(s) indicated below, except for the filing fee			1251	110	2251	55	Extension for reply within first month	55		
o the above-identified deposit account. FEE CALCULATION				1252	410	2252	205	Extension for reply within second month		
		ALCOLATION		1253	930	2253	465	Extension for reply within third month		
	ILING FEE Small Entity			1254	1,450	2254	725	Extension for reply within fourth month		
ee Fee		e Description	F B.14	1255	1,970	2255	985	Extension for reply within fifth month		
ode (\$)	Code (\$)	•	Fee Paid	1401	320	2401	160	Notice of Appeal		
001 750 002 330		ility filing fee		1402	320	2402	160	Filing a brief in support of an appeal		
002 330 003 520		esign filing fee ant filing fee		1403	280	2403	140	Request for oral hearing		
003 520		eissue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding		
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Total Claims	-** =			1807	50	1807	50	Petitions related to provisional applications		
ndependent Claims	╡ 。			1806	180	1806	180	Submission of Information Disclosure Stmt		
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arge Entity	Small Entity Fee Fee	-		1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))		
ode (\$) 202 18	Code (\$) 2202 9	Fee Description Claims in excess of 20	ı	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))		
201 84	2201 42	Independent claims in		1801	750	2801	375	Request for Continued Examination		
203 280	2203 140	Multiple dependent cla	•					(RCE)		
204 84	2204 42	** Reissue independer over original patent		1802	900	1802	900	Request for expedited examination of a design application		
205 18	2205 9	** Reissue claims in ex and over original pa		Other fe	e (specify	/)		,		

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400				
Signature	(Wher (Columbia		Date	10 JANUARY 2003				

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

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